

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**  
**Incident Commander – Level 3**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item Date Completed  
Qualified Operations Section Chief

The above listed member has completed the required prerequisite training for the incident commander - level 3 specialty.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Familiarization and Preparatory Training**

Task Evaluator's CAPID and  
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the incident commander - level 3 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**Advanced Training**

Task Evaluator's CAPID and  
Date Completed

Complete Task C-4000 Demonstrate the ability to select an incident staff

Complete Task C-4001 Demonstrate ability to complete an ICS Form 201

Complete Task C-4002 Demonstrate ability to develop and approve an incident Action Plan (ICS Forms 202-206 with attachments)

Complete Task C-4003 Demonstrate ability to closeout a mission including completion of ICS Form 115

Complete Task C-4004 Demonstrate the ability to conduct major incident briefings

Complete Task C-4005 Demonstrate the ability to coordinate with other agencies

Complete Task C-4130 Demonstrate ability to select and establish a suitable Incident Command Post or staging area

Complete Task P-0101 Demonstrate ability to keep a log

Complete Flight Release Officer training

Complete the appropriate portion of CAPT 117, *Emergency Services Continuing Education examinations*

**Exercise Participation**

The above listed member satisfactorily participated as an incident commander - level 3 trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as an incident commander - level 3 trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Unit Certification and Recommendation**

The above listed member has completed the requirements for the incident commander - level 3 specialty qualification and is authorized to serve in that specialty on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE

**IC3 SQTR, APR 05**

**OPR/ROUTING: DOS**